

01-29-01

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**01/26/01 UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket Number 500583.20019

First Inventor or Application Identifier Charles J. Mott

Title Virtual Private Networking Using Domain Name Service Proxy

Express Mail Label No. EL 758809317 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO:
Commissioner for Patents
Box Patent Application
Washington, DC 20231

- | | |
|---|---|
| 1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17)
<i>(Submit an original, and a duplicate for fee processing)</i> | 7. CD ROM or CD ROM in duplicate, large table or Computer Program (Appendix) |
| 2. <input type="checkbox"/> Applicant claims small entity status.
See 37 CFR 1.27. | 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-r (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies |
| 3. <input checked="" type="checkbox"/> Specification [Total Pages 26]
<i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> -Descriptive title of the Invention -Cross References to Related Applications -Statement Regarding Fed sponsored R & D -Reference to sequence listing, a table, or computer program listing appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure | |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 2] | 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) |
| 5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 2] <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))
<i>(for continuation/divisional with Box 16 completed)</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see §§ 37 CFR §1.63(d)(2) and 1.33(b) c. <input checked="" type="checkbox"/> Unsigned | 10. <input type="checkbox"/> 37 CFR § 3.73(b) Statement <input type="checkbox"/> Power of Attorney
<i>(when there is an assignee)</i> |
| 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | 11. <input type="checkbox"/> English Translation Document (if applicable) |
| | 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations |
| | 13. <input type="checkbox"/> Preliminary Amendment |
| | 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
<i>(Should be specifically itemized)</i> |
| | 15. <input type="checkbox"/> Certified Copy of Priority Document(s)
<i>(if foreign priority is claimed)</i> |
| | 16. <input type="checkbox"/> Request and Certification under 35 USC 122(b)(2)(B)(i)
Applicant must attach form PTO/SB/35 or its equivalent. |
| | 17. <input type="checkbox"/> Other: _____ |

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

 Continuation Divisional Continuation-in-part (CIP) of prior application No. /

Prior application information: Examiner _____

Group/Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts

19. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below

NAME	Eugene LeDonne, Esq. Reed Smith LLP			
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Name (Print/Type)	Eugene LeDonne	Registration No. (Attorney/Agent)	35,930
Signature		Date	January 26, 2001

jc9625 U.S. PTO
09/770932
01/26/01



01/26/01

FEE TRANSMITTAL for FY 2000

Application No.	Unknown	Filing Date:	January 26, 2001
First Named Inventor	Charles J. Mott	Group Art Unit:	Unknown
Examiner Name:	Unknown	Attorney Docket No.	500583.20019

METHOD OF PAYMENT (Check one)

1. **Payment Enclosed:** Check Money Order Other
2. The Director is hereby authorized to charge indicated fees to:
- 2a. Charge any additional fee required under 37 CFR 1.16 and 1.17 and credit any over payments to:

Deposit Account Number

50-1529

Deposit Account Name

Reed Smith, LLP

FEE CALCULATION (fees effective 10/1/00)

1. BASIC FILING FEE

Large Entity Fee Code	(\$)	Small Entity Fee Code	(\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	710
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	
SUBTOTAL (1)					(\$) 710

2. EXTRA CLAIM FEES

	**No. of Claims	Extra Claims	Fee from Below	Fee Paid
Total Claims	29	- 20 = 9	x 18 =	162.00
Independent Claims	4	- 3 = 1	x 80 =	80.00
X Multiple Dependent Claims		0	x 270 =	0
SUBTOTAL (2)				(\$) 242.00

**or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
103	18	203	9	Claims in excess of 20	581	40
102	80	202	40	Independent claims in excess of 3	581	40
104	270	204	135	Multiple dependent claim		
109	80	209	40	Reissue independent claims over original patent		
110	18	210	9	Reissue claims in excess of 20 and over original patent		
Other:				SUBTOTAL (3)		\$ 0

SUBMITTED BY

Typed or Printed Name	Eugene LeDonne	Date: January 26, 2001	Reg. Number	35,930
Signature			Deposit Account User ID	50-1529